

UNITED STATES DISTRICT COURT

Southern for the  
District of New York  
CIVIL Division

18CV3159

Case No.

(to be filled in by the Clerk's Office)

Jury Trial: (check one)  Yes  No

Muharrem Balkanlı

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

JOHN DRE  
NY Police Department  
CITY OF NEW YORK

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

**COMPLAINT FOR A CIVIL CASE ALLEGING NEGLIGENCE**

(28 U.S.C. § 1332; Diversity of Citizenship)

**I. The Parties to This Complaint**

**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address

Muharrem, Balkanlı  
45 W 81 Street #617  
New York, NY 10024  
New York County  
203 308 1200  
galeroyottoman@gmail.com

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

**II. Basis for Jurisdiction**

Federal courts are courts of limited jurisdiction (limited power). Under 28 U.S.C. § 1332, federal courts may hear cases in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000. In that kind of case, called a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff. Explain how these jurisdictional requirements have been met.

**A. The Plaintiff(s)**

1. If the plaintiff is an individual

The plaintiff, (name) Muharem Balkant, is a citizen of the  
State of (name) New York.

2. If the plaintiff is a corporation

The plaintiff, (name) N/A, is incorporated  
under the laws of the State of (name) N/A,  
and has its principal place of business in the State of (name)  
N/A.

*(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)*

**B. The Defendant(s)**

1. If the defendant is an individual

The defendant, (name) JOHN DOE, is a citizen of  
the State of (name) NEW YORK. Or is a citizen of  
(foreign nation) \_\_\_\_\_.

2. If the defendant is a corporation

The defendant, (name) CITY OF NEW YORK is incorporated under  
the laws of the State of (name) NEW YORK, and has its  
principal place of business in the State of (name) NEW YORK.  
Or is incorporated under the laws of (foreign nation) N/A,  
and has its principal place of business in (name) N/A.

*(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)*

**C. The Amount in Controversy**

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (explain):

## Defendant No. 1

Name

Job or Title (*if known*)

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address (*if known*)

JOHN DOE (POLICE OFFICER)  
 Police officer who made arrest on 10/3/16  
 114 Police Precint  
 34-16 Astoria Blvd. Queens County  
 Astoria, NY 11103  
 718 626 9311 (718-626-9311)  
 Unknown and I don't wanna know

## Defendant No. 2

Name

Job or Title (*if known*)

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address (*if known*)

NEW YORK POLICE DEPARTMENT  
 POLICE DEPARTMENT  
 100 Centre Street  
 NY - NY COUNTY  
 NY - NY - 10007  
 UNKNOWN + I DONT WANNA KILL  
 UNKNOWN

## Defendant No. 3

Name

Job or Title (*if known*)

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address (*if known*)

CITY OF NEW YORK  
 100 Centre Street  
 New York, NY 10007  
 New York County  
 UNKNOWN  
 UNKNOWN

## Defendant No. 4

Name

Job or Title (*if known*)

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address (*if known*)

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defendant's neglected official and individual capacity to ensure Plaintiff was responded medical emergency

### III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

1103

On (date) 10-30-16 at (place) Dandana 4221 Broadway, Queens, NY

the defendant(s): (1) performed acts that a person of ordinary prudence in the same or similar circumstances would not have done; or (2) failed to perform acts that a person of ordinary prudence would have done under the same or similar circumstances because (describe the acts or failures to act and why they were negligent)

Plaintiff was injured and was in floor, needed immediate medical response from the scene, instead was shuffled and thrown inside police cruiser, where in received shoulder and neck injuries and was taken to precinct 114 was also thrown on floor to receive more injuries by police. The acts or omissions caused or contributed to the cause of the plaintiff's injuries by (explain) police failed to call 911 Emergency Medical Response team police failed to ensure that he was not moved at scene police deliberately threw plaintiff inside cruise of Police Police deliberately moved him from police cruise to station and threw him at floor pp police station

### IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

I am receiving surgery for my shoulder. I have been receiving therapy for my neck and shoulder. It has not been any better after femur-hip surgery which I will receive more surgery. My Neck and back is terrible I have on going pain. I am asking to Court impose and enforce punitive injunction relief on City of New York and NYPD and make it right for me and people.

**V. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

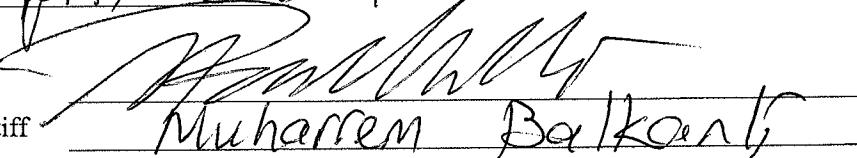
**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

April 3, 2018

Signature of Plaintiff



Printed Name of Plaintiff

Muhammed Balkanli

**B. For Attorneys**

Date of signing:

\_\_\_\_\_

Signature of Attorney

\_\_\_\_\_

Printed Name of Attorney

\_\_\_\_\_

Bar Number

\_\_\_\_\_

Name of Law Firm

\_\_\_\_\_

Street Address

\_\_\_\_\_

State and Zip Code

\_\_\_\_\_

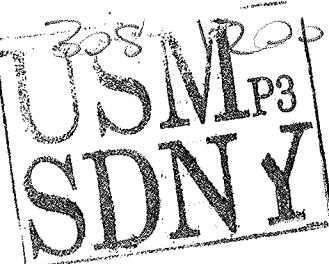
Telephone Number

\_\_\_\_\_

E-mail Address

\_\_\_\_\_

DEM Balkanli  
W 81 Street  
617  
-NY- 10024



UNITED STATES  
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UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT NEW YORK  
PRO SE CLERK OFFICE

500 Pearl Street

New York, NY 10007

10007-163003

IDENTIFICATION  
GAL